

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Price for Congress**A.**Full Name (Last, First, Middle Initial)
ROY CARTER FOR CONGRESS COMMITTEEMailing Address 260 SEVERT RD
PO BOX 166

City GLENDALE SPRINGS State NC Zip Code 28629

Purpose of Disbursement
Donations to CandidatesCandidate Name
Mr. Roy Carter011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: NC District: 05Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: D171267

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	8

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)
Tim Mahoney for Florida

Mailing Address 2000-3230 PGA Blvd

City Palm Beach Gardens State FL Zip Code 33408

Purpose of Disbursement
Donations to CandidatesCandidate Name
Mr. Tim Mahoney011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: FL District: 16Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: D171312

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)
TOM ALLEN FOR SENATE

Mailing Address 550 FOREST AVE SUITE 101

City PORTLAND State ME Zip Code 04101

Purpose of Disbursement
Donations to CandidatesCandidate Name
Mr. Tom Allen011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ President
State: ME District:Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: D171272

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	0	8

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)